


NDAA Section 701, Phase 2
Implementation of Fees for TRICARE Select
Functional Requirements
Draft Final v8, 10 May 2019
GOV ID: 20190513-1106

#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
1	No Fees for ADSMs ADSMs will not be charged fees to enroll.			
2	Fees Currently Not Required The following beneficiaries are currently not required to pay enrollment fees for any plan: <ul style="list-style-type: none"> Active Duty Family Members (ADFMs) Transitional Survivors TAMP Beneficiaries (to include transitional compensation beneficiaries) NATO members and family members Partnership for Peace (PFP) members and FMs 		NATO/PFP members and family members are not eligible to be enrolled in either TRICARE Prime or TRICARE Select coverage. NATO/PFP Service members have no copay for authorized TRICARE outpatient claims. NATO/PFP family members pay Group B TRICARE Select copays for TRICARE outpatient services.	
3	Effective Date of TRICARE Select Fees for Group A Beneficiaries Effective 1 Jan 2021 DEERS will apply a DHA directed fee rate to Group A TRICARE Select retirees and family members. DEERS will have the capability to apply different rates for Group A and Group B retirees.		Group A retirees (i.e., those with a date of initial entry to military service prior to 1 Jan 2018) and family members will be required to pay enrollment fees for TRICARE Select effective 1 Jan 2021. Certain beneficiaries have their TRICARE Select Group A retiree enrollment fees waived. The attached chart summarizes the CY 2019 fees and premiums for different TRICARE programs and beneficiary statuses as well as the anticipated Group A retiree TRICARE Select fees when these fees become effective on 1 Jan 2021:  Out of Pocket Expenses Matrix - Fin:	

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4	<p>Separate Enrollment Fee Rates</p> <p>DHA will provide separate TRICARE Prime and Select enrollment fees based upon Group A or Group B status on an annual basis.</p> <p>DEERS will account for the correct enrollment fees based on enrollment plan and beneficiary status (Group A vs Group B).</p>		Different enrollment fees will apply to retired beneficiaries based on their status (i.e., Group A vs. Group B) and on the health care plan they are in (i.e., Select vs. Prime).	
5	<p>Notification of Group A Beneficiaries of Required Fees</p> <p>Existing Group A Select beneficiaries will be notified prior to the first open season for the enrollment year when fees will apply.</p> <p>Notifications will be sent to the fee payer based on the billing hierarchy per HCDP policy (i.e., sponsor then spouse then oldest child). Beneficiaries will need to be informed of what the rates are as soon as possible prior to open season.</p>		DHA will develop a detailed formal communication plan that addresses all required beneficiary notifications e.g., timeline for sending letters; if different letters will be sent to different groups of beneficiaries (e.g., Group A vs. Group B); who is responsible for sending letters; etc.	Mark Ellis to update manual for Group B Select beneficiaries to address split enrollment fees.
6	<p>Collection of Fees</p> <p>Fees will be collected based on the billing hierarchy based on the HCDP plan policy.</p> <p>Hierarchy is sponsor, spouse, then oldest child.</p>		Contractors may enter split enrollment free rider codes for family members in other regions that are not in the fee payer's region.	

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7	<p>Termination of TRICARE Select Policies</p> <p>DEERS will terminate all existing TRICARE Select retiree policies (i.e., Group A and Group B) effective 31 Dec 2020 prior to when fees become effective for Group A. DEERS will terminate the policies prior to open season; however, the effective termination date will be set to 31 Dec 2020.</p> <p>Beneficiaries will be notified that they need to re-enroll during the open season prior to 1 Jan 2021 (when Group A fees become effective) or they will have direct care only coverage on 1 Jan 2021.</p> <p>After termination conversion is completed, new enrollments completed after conversion but that are effective prior to 1 Jan 2021 will be terminated 31 Dec 2020.</p>		<p>Non-fee paying policies for Group A beneficiaries must be terminated and new fee paying plans established when they re-enroll. This will allow fees to be correctly calculated from the effective date of enrollment (i.e., 1 Jan 2021).</p> <p>Details of the notification to be sent to beneficiaries will be contained in the detailed formal communications plan to be developed by DHA.</p>	14 Feb 2019: Currently recommending that all retiree Select policies be terminated and beneficiaries (Group A and Group B) be required to re-enroll.
8	<p>Termination of TRICARE Plus with Select Policies</p> <p>DEERS will terminate all TRICARE Plus with Select policies (i.e., HCDP 347 and 348) effective 31 Dec 2020.</p> <p>Beneficiaries will be notified that they must re-enroll in TRICARE Select during the open season prior to 1 Jan 2021 and that they must contact the contractor to re-enroll in TRICARE Plus.</p>		<p>Contractors will be given the authority to re-enroll beneficiaries in Plus if there is evidence that the beneficiary was enrolled on 31 Dec 2020. The beneficiary will not have to request Plus re-enrollment from the MTF.</p> <p>Details of the notification to be sent to the beneficiaries will be contained in the detailed formal communication plan to be developed by DHA. (Note: may be a separate letter than the one sent to beneficiaries who have a Select only policy terminated.)</p>	
9	<p>Beneficiary Letter</p> <p>DHA will send a letter to beneficiaries who have not enrolled in TRICARE Select or Prime as of 1 Jan 2021. The letter will be sent as soon as possible after 1 Jan and will inform beneficiaries that as of 1 Jan 2021 they are eligible for direct care only.</p>		<p>The purpose of this letter is to inform beneficiaries who did not re-enroll in TRICARE Select or Prime during the previous open season that as of 1 Jan 2021 they are eligible for Direct Care only.</p> <p>Details of the letter to be sent to beneficiaries will be contained in the detailed formal communications plan to be developed by DHA.</p>	

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10	<p>Initial Report</p> <p>DMDC will provide DHA with a report that includes:</p> <ul style="list-style-type: none"> Counts of Group A and B Retired Select enrollees that DMDC has terminated (or will terminate) effective 31 December 2020 broken out by group designation (A/B), sponsor status, relationship, and region Counts of Group A and B beneficiaries who are eligible for but not enrolled in TRICARE Prime or Select at the time of these DMDC terminations broken out by group designation (A/B), sponsor status, relationship, region and direct care type. (Note: For this count, inclusion of region is optional. DMDC will include if it is easily obtained.) <p>This initial report will be generated at the time the HCDP terminations are entered by DEERS (i.e., prior to open season), not when they are effective (i.e., 31 Dec 2020).</p>			
11	<p>Follow-on Reports</p> <p>After Open Season, DMDC will prepare and provide DHA with bi-weekly reports that include counts of Group A and B beneficiaries enrolled in TRICARE Select effective 1 January 2021 or after, broken out by group designation (A/B), sponsor status, relationship and region.</p> <p>These bi-weekly reports will begin in January 2021 and end in March 2021.</p>			

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12	Additional Open Season Enrollment Reports Additional open season related enrollment reports that DMDC will provide every open season are detailed in the DMDC Management Reports requirements matrix.			
13	TRICARE Select Fee Payment Process and Frequency TRICARE Select enrollment fee payment process will mirror Prime. Payments can be made monthly, quarterly, or annually.		With the self-service enrollment application (i.e., BWE) initial payment of fees for a mid-month TRICARE Select Retired and Prime Retired enrollment will be three full months of fees without proration. The contractor will adjust fees with the first bill to get the beneficiary on a monthly cycle. If a beneficiary enrolls with the contractor over the phone, the contractor can prorate fees to get the beneficiary on a monthly cycle.	
14	Submitting Fee Transactions to DEERS DMDC will provide batch fee interface for disenrollment for failure to pay and for submitting fee transactions to DEERS. DMDC will provide the CCD Fee web application for online fee transactions.			
15	Payment Methods Supported by BWE BWE will support allotment, EFT and recurring credit card/debit card for Prime and Select. For TRS, TRR BWE will support recurring credit card/debit card and EFT. For TYA, BWE will support recurring credit card/debit card and EFT and in the future by sponsor allotment.		Benes can pay initial payment by check if they print the form from BWE and mail it to contractor. If they mail the form to the contractor, the enrollment is not persisted in BWE and the contractor will have to enter the enrollment. The enrollment will be effective the date the contractor enters the enrollment.	Need to look at message currently on BWE when bene prints out the form to mail it in...when is enrollment effective.

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16	Annual Fee Adjustment/Update DMDC will update the fee amounts on an annual basis as directed by DHA.		Fee amounts can adjust annually based on the retiree Cost of Living Allowance (COLA). DHA will provide the updated TRICARE Prime and Select fee amounts to DMDC as soon as possible following release of the new rates by the DoD Actuary.	DMDC needs about a month to a month and a half to get new rates fully tested and implemented.
17	Proration of Fees DMDC will prorate fees at 1/30 th of the monthly rate rounded up to the nearest penny, not to exceed the monthly fee rate.		The proration logic will be the same across all plans to include TRR, TRS, and TYA.	
18	Waiver of TRICARE Select Group A Enrollment Fees Effective January 1, 2021, DEERS will support a fee waiver process of TRICARE Select Group A enrollment fees for: <ul style="list-style-type: none"> Chapter 61 retirees (Medically retired) and family members Survivors of deceased ADSMs 			

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Notes:

10 May 2019: Received final comments/feedback from Mark Ellis and updated matrix per comments received:

- Embedded new chart/matrix of out of pocket expenses (Requirement #3)
- Added new Requirement 18 to identify categories of beneficiaries eligible to have enrollment fees waived.

18 Mar 2019: Added comments/feedback from Jim Frank to Requirements #10 and 11; also to un-numbered requirement re: waiving of fees for Group A and need for Mark Ellis to provide verbiage

7 Mar 2019:

- Requirement #3: Added updated Fee/CCD summary chart provided by Mark Ellis.
- Beneficiary Letter/Notification related requirements: added note that details of letters/notifications will be contained in detailed communication plan to be developed by DHA (Reqmts 5, 7, 8, 9)
- Added Requirement #8 re: termination of TRICARE Plus with Select enrollments
- Added Requirements #10, 11 and 12: re Open Season reports to be provided by DMDC
- Added Requirement #17 re: Proration of Fees

31 Jan 2019: WG revisited requirements/matrix for Group A fees based on potential language in NDAA 2020 that grandfathering would be eliminated and that Group A retiree beneficiaries would be required to pay TRICARE Select fees beginning 1 Jan 2020. Based on NDAA 2017, it was initially anticipated that fees for Group A would start no earlier than 1 Jan 2021 (following mandated report to Congress on TRICARE Select implementation that is due Fed/Mar 2020).

18 May 2018: Requirements validated and finalized by NDAA 2017 Sect 701 Phase 2 WG.

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General				
1	Report Availability All reports will be made available through a designated DMDC web portal with role-based access.		The Site Security Manager (SSM) at a particular site will determine who at that site will have access to each report. The SSM must verify which reports individuals need access to.	There is a separate url for medical reports and for dental reports.
2	New HCDP Plan Coverage Codes All reports will be remapped, as appropriate, to reflect the new HCDP plan coverage codes (e.g., TRICARE Prime, Prime Remote, Plus) to include the new TRICARE Select HCDPs.			
Medical Policy Reports Premium Reports				
3	Premium Credit Report DMDC will continue to generate/provide this report. Need to ensure it is updated with current HCDP Plan Coverage Codes for all programs that pay fees/premiums. Access: Contractors, Regional Offices and DHA. Data Reported: <ul style="list-style-type: none"> Contractor name Region Family ID Beneficiary ID HCDP Plan Code Policy Begin Date Policy End Date Paid Period Begin Date Paid Period End Date Credit Amount 		This report identifies terminated policies that are overpaid as well as active policies paid two years into the future that also have a positive credit. The policy paid period end date (PPED) meets the policy end date and the policy has excessive funds. Excessive funds remain as a credit on the policy. Premium reports apply to all plans that have fees/premiums (e.g., TRR, TRS, TYA) to include TRICARE Select.	In general, Premium reports are run on the seventh of the month to capture data for the previous month (e.g., run on Oct 7 th for Sept data). Access is provided to the current report plus a limited number of historical reports (i.e., 6 months for the 2 months past due report and 2 months for the other Premium reports). TYA policies identify the impacted beneficiary. 20Feb2019: Updated report to include active policies paid two years into the future that also have a positive credit.

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4	<p>Two Months Past Due Report</p> <p>DMDC will continue to generate/provide this report. Need to ensure it is updated with current HCDP Plan Coverage Codes for all programs that pay fees/premiums.</p> <p>Access: Contractors, Regional Offices and DHA.</p> <p>Data Reported:</p> <ul style="list-style-type: none"> • Contractor name • Region • Family ID • Beneficiary ID • HCDP Plan Code • Policy Begin Date • Policy End Date • Paid Period Begin Date • Paid Period End Date • Calculated Discrepancy (i.e., the number of months payment is past due) • Credit Amount 		<p>This report identifies open policies where payment is at least two months past due. It is used by the contractor to identify beneficiaries who should be disenrolled for failure to pay fees.</p>	

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5	<p>Premiums Due on Terminated Policies Report</p> <p>DMDC will continue to generate/provide this report. Need to ensure it is updated with current HCDP Plan Coverage Codes for all programs that pay fees/premiums.</p> <p>Access: Contractors, Regional Offices and DHA.</p> <p>Data Reported:</p> <ul style="list-style-type: none"> • Contractor name • Region • Family ID • Beneficiary ID • HCDP Plan Code • Policy Begin Date • Policy End Date • Paid Period Begin Date • Paid Period End Date • Calculated Discrepancy (i.e., the number of months unpaid) • Credit Amount 		<p>This report identifies ‘terminated’ policies that are not paid to the policy end date. It is used by the contractors to identify policies where they need to collect more money or adjust the end date to match the paid through date.</p>	
<p>Medical Policy Reports Enrollment/Disenrollment</p>				
6	<p>BWE Auto Approval Report</p> <p>DMDC will discontinue generating/providing the BWE Auto Approval report.</p>		<p>BWE no longer has pending enrollments so this report is no longer needed.</p>	

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7	<p>Auto Prime Enrollment Not Processed Report</p> <p>DMDC will generate/provide this report upon implementation of auto enrollment (auto enrollment started 1 Jan 2018). The title will be updated to indicate auto enrollment into Prime and the report will be updated to reflect the most current HCDP codes.</p> <p>Access: Contractors, Regional Offices and DHA.</p> <p>Data Reported:</p> <ul style="list-style-type: none"> Contractor name Region Transaction Type (e.g., Enrollment/Transfer) DEERS Family ID DEERS Beneficiary ID HCDP Plan Code Beneficiary Zip Code Enrollment Begin Date (i.e., date auto enrollment created) Enrollment Projected End Date Enrollment Status Date Days PCM Assignment Pending 		<p>This report identifies Active Duty Family Members (ADFM)s automatically enrolled into TRICARE Prime who have not been assigned a PCM within 6 days after being auto enrolled. When someone is auto enrolled into Prime their PCM assignment is pending. Contractors have 6 days to verify the PCM assignment of beneficiaries auto enrolled.</p> <p>The report will need to include beneficiary identifier(s) and the date the auto enrollment was created by DMDC.</p> <p>Report will capture all auto enrollments that are incomplete (i.e., have a pending PCM assignment) and that are more than 6 days old.</p> <p>The report will be generated daily.</p>	
8	<p>Total Enrollment Counts by Program</p> <p>DMDC will continue to generate/provide this report.</p> <p>Access: DHA, Services, Regional Offices</p> <p>Filter Criteria:</p> <ul style="list-style-type: none"> Reporting Date (i.e., Month/Year) Coverage Group Report Format (i.e., Detail/Summary) 		<p>This report includes all enrolled plans and provides an aggregate count of beneficiaries enrolled in the different TRICARE medical programs, to include TRICARE Select. The report will not include counts of beneficiaries in direct care only.</p> <p>Can view results by combinations of Member Category, Member Relationship, Gender, Plan, Age Group and other combinations.</p>	<p>Many enrollment reports can be generated from the MDR/M2 using data provided by DEERS in the Point in Time Extract (PITE). Will need to discuss with Decision Support if they might be able to produce these reports and post on a SharePoint site rather than continuing to have DMDC generate the reports. Until this determination is made and a process worked out, DMDC will continue to generate the enrollment/</p>

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	<ul style="list-style-type: none"> Report Format Options for TRR/TRS (i.e., Detail; Summary by Component; Summary by Region; Summary by State and Component; Summary by State and Region) Enrollment Status (i.e., Enrolled/Terminated) Region DMIS Branch of Service <p>Data Reported: (Note: Data noted below is for a report for TRICARE Prime/Prime Remote/Plus coverage plans; reported data will vary based on plan coverage group selected)</p> <ul style="list-style-type: none"> Region DMIS Member Category Member Relationship Plan Coverage Gender Age Cohorts Total counts <p>(Note: Summary report does not break out counts by DMIS)</p> <p>(Note: Enrollment counts will continue to be broken out by type of plan (i.e., individual vs. family) and component for TRR and TRS reports).</p>		For TRS/TRR reports, enrollment counts by individual vs. family plan will continue to be reported to support the actuarial process used to calculate premiums and because there are unique differences in the cohort of RC members who purchase individual plans versus those with dependents who purchase family plans (e.g., levels of uninsured).	<p>disenrollment reports.</p> <p>6 Aug 2018: Per DMDC, TRR/TRS reports will continue to provide summary of counts by state/territory and country and by component.</p> <p>7 Dec 2018: For CY 2018, DMDC will not be able to include a family versus individual breakout for TRS/TRR. Beginning CY19, the breakout will be available again. DMDC has determined that roughly 85% of TRS and TRR plans are family plans. DHA can use this number for any estimations needed for 2018.</p>
9	<p>Total Disenrollment Counts by Program</p> <p>DMDC will continue to generate/provide this report.</p> <p>Access: DHA, Services, Regional Offices</p>		<p>This report includes all enrolled plans provides an aggregate count of beneficiaries disenrolled from TRICARE programs.</p> <p>Can select and filter report by Contractor, Plan Coverage Group and DMIS ID. Report categorizes results by</p>	<p>Report can be generated from MDR using data provided by DEERS in the Point in Time Extract (PITE) feed.</p> <p>13 Aug 2018: Before any decision is made regarding DMDC no longer providing this</p>

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	<p>Filter Criteria:</p> <ul style="list-style-type: none"> • Reporting Date (i.e., Month/Year) • Coverage Group • Report Format (i.e., Detail/Summary) • Report Format Options for TRR/TRS (i.e., Detail; Summary by Reserve Component; Summary by MCSC; Summary by State and Component; Summary by State and Region) • Report Format Options for TYA (i.e., Detail; Summary by Service Component; Summary by State) • Region • DMIS <p>Data Reported: (Note: Data noted below is for a report for TRICARE Prime/Prime Remote/Plus coverage plans; reported data will vary based on plan coverage group selected)</p> <ul style="list-style-type: none"> • Region • DMIS • Member Category • Member Relationship • Disenrollment Reason • Total Counts <p>(Note: Summary report does not break out counts by DMIS)</p> <p>(Note: Disenrollment counts will continue to be broken out by type of plan (i.e., individual vs. family) and component for TRR and TRS reports).</p>		Member Category, Sponsor Relationship and Disenrollment Reason.	report, need to verify that disenrollment reason code is being passed from the PITE to the MDR/M2. Understanding the count of beneficiaries (by individual and family plan) who are disenrolled for failure to pay fees is a key use of this report by the Reserve and TRICARE Special Programs Office as this issue (i.e., failure to pay fees) is still problematic for TRS.

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10	<p>Total Prime Enrollment to Civilian Network</p> <p>DMDC will continue to generate/provide this report.</p> <p>Access: DHA, Services, Regional Offices</p> <p>Filter Criteria:</p> <ul style="list-style-type: none"> • Reporting Date (i.e., Month/Year) • Report Format (Detail/Summary) • Region • Zip Codes Range • Zip Codes <p>Data Reported:</p> <ul style="list-style-type: none"> • Region • PCM Zip Code • Plan Coverage • PCM Name • Branch of Service • Total Count <p>(Note: Summary report does not break out counts by PCM Zip Code or PCM Name)</p>		<p>This report provides aggregate counts of beneficiaries by Branch of Service enrolled in Prime plans to the civilian network in different TRICARE medical programs.</p> <p>Can view results by ZIP code, Plan, PCM, and other combinations.</p>	<p>Report can be generated from MDR using data provided by DEERS in the Point in Time Extract (PITE) feed.</p>

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11	<p>Total Disenrollment from Civilian Network</p> <p>DMDC will continue to generate/provide this report.</p> <p>Access: DHA, Services, Regional Offices</p> <p>Filter Criteria:</p> <ul style="list-style-type: none"> • Reporting Date (i.e., Month/Year) • Report Format (Detail/Summary) • Region • Zip Codes Range • Zip Codes <p>Data Reported:</p> <ul style="list-style-type: none"> • Region • Zip Code • Plan Coverage • PCM Name • Branch of Service • Disenrollment Reason • Total Count <p>(Note: Summary report does not break out counts by zip code).</p>		<p>This report provides aggregate counts of beneficiaries disenrolled from TRICARE medical programs from the civilian network.</p> <p>Can view results by ZIP code, Plan, PCM, Branch of Service and Disenrollment Reason.</p>	<p>Report can be generated from MDR using data provided by DEERS in the Point in Time Extract (PITE) feed.</p>

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12	<p>Eligible and Enrolled Population Counts</p> <p>DMDC will continue to generate/provide this report. Report will need to add TRICARE Select.</p> <p>Access: DHA, Services, Regional Offices</p> <p>Filter Criteria:</p> <ul style="list-style-type: none"> • Reporting Date (i.e., Month/Year) • Report Format • Distance from MTF • Region • DMIS <p>Data Reported:</p> <ul style="list-style-type: none"> • Region • DMIS • Member Category • Member Relationship • Total Eligible • Total Enrolled 		<p>This report provides aggregate counts of beneficiaries who are eligible for or enrolled in medical plans and programs.</p> <p>Can view results by Member Category, Member Relationship, DMIS and other combinations.</p>	<p>Report can be generated from MDR using data provided by DEERS in the Point in Time Extract (PITE) feed.</p>

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13	<p>TRICARE Enrollment by Branch of Service</p> <p>DMDC will continue to generate/provide this report.</p> <p>Access: DHA, Services, Regional Offices</p> <p>Filter Criteria:</p> <ul style="list-style-type: none"> • Reporting Date (i.e., Month/Year) • Report Format (Detail/Summary) • Region • DMIS • Branch of Service <p>Data Reported:</p> <ul style="list-style-type: none"> • Region • DMIS • Member Category • Member Relationship • Plan Coverage • Total Counts <p>(Note: Summary report does not break out counts by DMIS)</p>		<p>This report provides aggregate counts of beneficiaries who are enrolled in the TRICARE medical plans.</p> <p>Can view results by Member Category, Member Relationship, Plan and other combinations.</p>	<p>Report can be generated from MDR using data provided by DEERS in the Point in Time Extract (PITE) feed.</p>

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14	<p>Overlapping CHCBP</p> <p>DMDC will continue to generate/provide this report.</p> <p>Access: DHA, Services, Regional Offices</p> <p>Data Reported:</p> <ul style="list-style-type: none"> • DEERS Family ID • Beneficiary ID • CHCBP Coverage <ul style="list-style-type: none"> ○ HCDP Plan Code ○ Coverage Begin Date ○ Coverage End Date • Overlapping Coverage <ul style="list-style-type: none"> ○ HCDP Plan Code ○ Coverage Begin Date ○ Coverage End Date 		<p>This report identifies beneficiaries who are enrolled in the Continued Health Care Benefit Program (CHCBP) who are eligible for another TRICARE health plan.</p> <p>This report cannot be generated by the data provided by DEERS to the MDR in the Point in Time Extract (PITE) feed.</p>	

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15	<p>TYA Enrolled Eligible for TRS Coverage</p> <p>DMDC will continue to generate/provide this report.</p> <p>Data Reported:</p> <p>TYA Data:</p> <ul style="list-style-type: none"> • DEERS Family ID (As dependent) • Beneficiary ID • TYA HCDP Plan Code • Enrolling Contractor Code • Enrollment Begin Date • Enrollment Termination Date <p>Other Coverage Information:</p> <ul style="list-style-type: none"> • DEERS Family ID (As Sponsor) • Beneficiary ID • Other Eligible Coverage (i.e., TRS) • Eligibility Begin Date • Eligibility End Date 		<p>This report identifies beneficiaries who are enrolled in a TRICARE Young Adult (TYA) plan who are also eligible for TRICARE Reserve Select (TRS) as a sponsor. TYA enrollees who are eligible to purchase TRS as their own sponsor are not eligible for TYA.</p> <p>This report cannot be generated by the data provided by DEERS to the MDR in the Point in Time Extract (PITE) feed.</p> <p>When DMDC automates the termination of TYA coverage when an individual becomes eligible for TRS as a sponsor, this report can be discontinued.</p>	<p>5 Sept 2018: Per 24 Aug email from DHA Aurora (J Frank) and DMDC (J Denning), logic of this report specifically looks for TYA enrollees who are eligible for TRS as a sponsor as this would preclude their eligibility for TYA. This report corresponds to the report identified in Req #3 in the TYA matrix (TYA Requirements_reviewed by T2017 WG_dftfnl_18Aug2016). The TYA matrix also has a note indicating that this report should show all TRICARE programs a TYA enrollee is eligible for, not just TRS.</p>

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Draft Final v3, 8 Mar 2019
GOV ID: 20190513-1106

66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
16	Open Season Enrollment Reports DMDC will create the following Open Season Enrollment Reports: <ul style="list-style-type: none"> Counts of TRICARE Prime enrolled beneficiaries broken out by beneficiary status, relationship and HCDP code. Counts of TRICARE Select enrolled beneficiaries broken out by beneficiary status, relationship and HCDP code. Counts of beneficiaries who are eligible for TRICARE Prime and Select but who are not enrolled, broken out by beneficiary status, relationship, HCDP code and Failure to Pay (FTP) status. (Note: DMDC to look at best way to integrate FTP information as DHA leadership would like to specifically know the counts of beneficiaries who are not enrolled due to FTP). 		Each of these reports will be created every open season and will be run weekly throughout the season. The first report will be run prior to the start of open season and the last report will be run right after open season has ended.	

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17	<p>Open Season Usage</p> <p>DMDC will create the Open Season Usage Report that contains the transaction counts for enrollments that are effective 1 January of the following year. The counts will be broken out by the following:</p> <ul style="list-style-type: none"> • Application (Self-service vs Operator enrollment) • Event Type (Enrollment, Plan Change, Transfer) • Contractor/Contractor Code • HCDP <p>The report will contain detailed counts as well as summary information.</p>		<p>This report will be created every open season, will run weekly once open season begins and will tabulate counts for the prior week. The report will not show cumulative totals for the entire open season.</p>	

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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
Medical Policy Reports Claims Reports				
18	Claims Reprocessing for Lost Eligibility DMDC will continue to generate/provide this report. Access: Contractors, Regional Offices, DHA. Data Reported: <ul style="list-style-type: none"> • DEERS Family ID • DEERS Beneficiary ID • Cat Cap Deductible Detail Update ID • Claim Service Period Begin Date • Claim Service Period End Date • Cat Cap Payment Amount • Deductible Payment Amount • POS Deductible Payment Amount • Contractor • Contractor Code 		This is a monthly report of claims paid for beneficiaries who lost eligibility in DEERS subsequent to the processing of the claim. It notifies contractors of claims that may require reprocessing and allows DHA to audit subsequent reprocessing activity on these claims. There are no historical reports (i.e., all data is wiped out when the next monthly report is generated). Each contractor can only view claims that belong to them; DHA can view claims that belong to all contractors.	
19	Active Duty Over Cat Cap DMDC will continue to generate/provide this report. Access: Contractors, Regional Offices, DHA. Data Reported: <ul style="list-style-type: none"> • DEERS Family ID • Fiscal Year • Total Claim Amount • Contractor • Contractor Code 		This report notifies DHA and contractors of Active Duty families that went over their \$1,000 Cat Cap during the reporting month, and as a result may have claims that require reprocessing. DEERS reports family information to all contractors who have had any claims or fees during the fiscal year of the report.	There is a similar report for Retirees Over the Cat Cap.

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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
20	Claims Over DMDC will continue to generate/provide this report. Access: Contractors, Regional Offices, DHA. Data Reported: <ul style="list-style-type: none"> • DEERS Family ID • Fiscal Year • Total Claim Amount • Months on Report • Contractor • Contractor Code 		This report identifies families whose total claims or fees has exceeded the catastrophic cap for the calendar year. The report tracks each family and reflects ‘aging’ by the number of months since they were first reported as exceeding the cat cap during this calendar year.	
21	Claims Under DMDC will discontinue providing the Claims Under report.		This report identifies families whose claims or fees has exceeded the cat cap during the previous month and is now reflecting under the catastrophic cap. It notifies contractors of claims than may require reprocessing. As of 1 Jan 2018 no fees are credited to the cat cap and we don’t require contractors to reprocess claims if someone goes back under the cat cap. So this report can be discontinued.	


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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
Active Duty Dental Program (ADDP) Reports				
22	Enrolled Remote Active Duty Sponsors Not Eligible Report DMDC will continue to provide this report. Data Reported: <ul style="list-style-type: none"> • DEERS Family ID • Residential Zip Code • Enrollment Status Code • Enrollment Status Date • Member Category Code 		This report identifies sponsors who are currently enrolled in a remote ADDP dental plan (i.e., HCDP) but who do not have supporting remote ADDP eligibility.	No modifications have been made to the ADDP reports and all reports continue to be used by the contractor.
23	Eligible Remote Active Duty Sponsors Not Enrolled Report DMDC will continue to provide this report. Data Reported: <ul style="list-style-type: none"> • DEERS Family ID • Residential Zip Code • Member Category Code 		This report identifies sponsors who are eligible for Remote ADDP but who are not currently enrolled to a Remote ADDP dental plan.	




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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
24	Enrolled Remote Active Duty Sponsors by Address DMDC will continue to provide this report. Data Reported: <ul style="list-style-type: none"> • State • Country • Address • City • Zip Code • Zip Code Extension • Count of Enrolled AD Sponsors 		This report returns a count per Zip Code of Active Duty and Activated Guard and Reserve Service Members enrolled in a Remote ADDP dental plan.	5 Sept 2018: This is the same report that is identified in the ADDP functional requirements matrix (i.e., ADDP Functional Rqmts ADDP2014 v6_PHS Updates_7Mar2016) in Requirement #17 i.e., the Remote Enrolled Aggregate by Address Report.
25	Covered Active Duty Sponsors by Address DMDC will continue to provide this report. Data Reported: <ul style="list-style-type: none"> • State • Country • Address • City • Zip Code • Zip Code Extension • Count of Enrolled AD Sponsors 		This report returns a count by address of all Active Duty and Activated Guard and Reserve Service Members covered by the ADDP (whether remote enrolled or covered for DTF care and civilian referral).	5 Sept 2018: This is the same report that is identified in the ADDP functional requirements matrix (i.e., ADDP Functional Rqmts ADDP2014 v6_PHS Updates_7Mar2016) in Requirement #18 i.e., ADDP Covered Aggregate by Address Report.

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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
26	New Enrolled Remote Active Duty Sponsors by Address DMDC will continue to provide this report. Data Reported: <ul style="list-style-type: none"> • Name (Last, First, Middle, Cadency) • Rank • Mailing Address Date • Mailing Address • City • State • Country • Zip Code • Zip Code Extension 		This report returns a list of Active Duty and Activated Guard and Reserve Service Members that enrolled in a Remote ADDP dental plan since the last reporting date.	
TRICARE Dental Program (TDP) Reports				
27	Over/Under Paid Policy Report DMDC will continue to provide this report. Data Reported: <ul style="list-style-type: none"> • Family ID • HCDP Plan Code • Policy Begin Date • Policy End Date • Paid Period Begin Date • Paid Period End Date • Calculated Discrepancy Amount • Credit on File See report mock up in Comments column.		This report identifies: <ul style="list-style-type: none"> • Terminated policies where the paid period end date is prior to the policy end date • Underminated policies that are past due (at least two months past due) • Policies that are paid beyond the policy dates (i.e., paid period end date meets the policy end date, but there are excess funds stored as a credit on the policy) 	Over/Under Paid Policy Report Mock-Up  TDP Over_Under Paid Policy Rpt Mock Up.ppt

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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
28	Premium Analysis Report DMDC will continue to provide this report. Data Reported: See report mock-up in Comments column.		This report is provided to DHA only. It provides a break out of premium information for the selected “reporting month” and can be filtered to report on a single Component or a summary of all Components combined. Following DHA review of the Premium Analysis Report, DMDC sends the Premium Detail File to the TDP Contractor.	Premium Analysis Report Mock-Up  TDP Premium Analysis Rpt Mock-Up
29	Present Policies Report DMDC will continue to provide this report. Data Reported: See report mock-up in Comments column.		This report provides aggregate counts of TDP policies by HCDP Plan Coverage Code and Component for the selected “Reporting Month.”	Present Policies Report Mock-Up  TDP Present Policies Report Mock Up.pptx
30	TDP Covered Lives Report DMDC will continue to provide this report. Data Reported: See report mock-up in Comments column.		The Covered Lives report provides aggregate details for the TDP eligible and enrolled population for the selected “Reporting Month.” The report can be filtered to display aggregate data by State or by Sponsor’s pay grade or summary level. The report can be optionally filtered to report on a single Component or a summary of all Components.	Covered Lives Report Mock-up  TDP Covered Lives Rpt Mock Up.pptx

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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
31	<p>Eligible Not Enrolled Report</p> <p>DMDC will continue to provide this report/file to the TDP contractor.</p> <p>The file will be provided:</p> <ul style="list-style-type: none"> Annually: includes all TDP eligible but not enrolled families; and Quarterly: includes new TDP eligible but not enrolled families as of that quarter <p>Data Reported:</p> <ul style="list-style-type: none"> DEERS Family ID Sponsor name (first, middle, last, cadency) Mailing Address Effective Date Mailing Address City State Zip Code Country Personnel Begin Date Personnel End Date Branch of Service Member Category Sponsor Rank Email Address Home Telephone Work Telephone 		<p>This report identifies:</p> <ul style="list-style-type: none"> Sponsors eligible for but not enrolled in the TDP Sponsors of family members eligible for but not enrolled in the TDP <p>The report identifies families with at least 12 months of TDP eligibility. The report is used by the contractor to identify potential TDP enrollees and for direct mail educational activities.</p>	

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66#	Functional Requirement	Principal Org/ Sys	Business Process/Clarification	Comment
32	<p>Survivor Eligible Not Enrolled Report</p> <p>DMDC will continue to provide this report/file to the TDP contractor.</p> <p>The report/file will be provided to the contractor semi-annually. Each file will only include new TDP eligible but not enrolled survivor families since the last file.</p> <p>Data Reported:</p> <ul style="list-style-type: none"> • DEERS Family ID • Name (first, middle, last, cadency) • Mailing Address Effective Date • Mailing Address • City • State • Zip Code • Zip Code Extension • Country • Eligibility Begin Date • Eligibility End Date • Sponsor Branch of Service • Member Category • Sponsor Rank • Email Address • Home Telephone • Work Telephone • Beneficiary Type (e.g., Spouse; Child) 		<p>This file identifies survivors who are eligible for but not enrolled in the TDP.</p> <p>The file includes survivors with at least 3 months of TDP eligibility. The file is used by the contractor to identify potential TDP enrollees and for direct mail educational activities.</p>	

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Notes:

20 May 2019: Added GOV ID number and provided to Walt Ruggles for submission to DMDC for cost and schedule estimate.

8 Mar 2019: Added Open Season Enrollment Reports and Open Season Usage Report (Requirements 16 and 17).

20Feb2019: Updated Premium Credit Report (Reqmt #3) to include active policies (in addition to terminated policies) paid two years into the future that also have a positive credit.

10 Dec 2018: Received final comments from DMDC on 7 Dec 2018; updated draft v6 matrix dated 24 Aug 2018 to draft final status.

5 Sept 2018:

- Added comment in Requirements #22 and 23 regarding difference between the ADDP reports for “Enrolled Remote AD Sponsors by Address” (i.e., Req #22) and “Covered AD Sponsors by Address” (i.e., Req #23). Per 6 Aug 2018 email from DMDC (J Denning) these reports correspond to reports identified in the ADDP requirements matrix (i.e., ADDP Functional Rqmts ADDP2014 v6_PHS Updates_7Mar2016).
- Also added comment in Requirement #15 regarding TYA Enrolled Eligible for TRS Coverage report indicating that TYA requirements matrix indicates this report should show all TRICARE programs a TYA enrollee is eligible for, not just TRS.

24 Aug 2018: Updated Requirement #15 (TYA Enrolled Eligible for Other TRICARE Coverage) to reflect that the report identifies TYA enrollees that are only eligible for TRS as a sponsor (not any other TRICARE coverage). Also, added statement that report will be discontinued when DMDC automates termination of TYA coverage upon individual becoming eligible for TRS as a sponsor.

13 Aug 2018:

- Added note in Requirements #8 and #9 that enrollment/disenrollment counts reports for TRR and TRS will continue to break out counts by individual vs. family plan

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- Removed placeholder requirement for creation of a new “enrollment out of region” report for contractors that identifies Select enrollments that don’t align with the correct region based on the beneficiary’s address. Per WG, this requirement can be deferred as this may be more of an issue when fees for Select are implemented. Can re-visit the requirement at that time.

26 July 2018: Added data elements to each medical report (using filter criteria and mock ups provided by DMDC in T2017CONUS Interface_Reports briefing); also added TDP and ADDP dental reports from briefing slides provided by DMDC.

18 June 2018: Initial matrix generated following preliminary review/discussion of reports during WG meetings.

338 – Medicare Part A and Part B Reminder Letter

DOD LOGO

TRICARE LOGO

[Insert Return Address Line 1]

[Insert Address Line 2]

[Insert Address Line 3]

[Insert Address Line 4]

[Insert Letter Date]

[DoD Benefits Number]

[Insert Beneficiary First Name, Middle Initial, Last Name, Cadency]

[Insert Beneficiary Address Line 1]

[Insert Beneficiary Address Line 2]

[Insert Beneficiary City, State, Zip Code, Zip Plus 4]

[Insert Beneficiary Country]

Dear [INSERT BENEFICIARY NAME]:

This is a reminder that most TRICARE beneficiaries **must** have Medicare Part A and Medicare Part B to remain TRICARE-eligible once they become eligible for Medicare. Most people become eligible for Medicare Part A on the first day of the month they turn age 65.

Our records don't show your entitlement to Medicare Part A or Medicare Part B. This means you're currently ineligible for TRICARE. You **must** sign up for Medicare Part A and Medicare Part B. The *TRICARE and Medicare: Turning 65* brochure has important information about when and how to sign up for Medicare. If you're not eligible for Medicare Part A, the brochure tells you how to make sure your TRICARE coverage continues. The brochure is available at www.tricare.mil/tfl.

The TRICARE website at www.tricare.mil is your first stop for questions about TRICARE. You can find out what services are covered by TRICARE, where the nearest military hospital or clinic is located, and what to do if you or your sponsor loses eligibility.

We want to make your health care coverage transition as simple as possible. If you have questions, please visit www.tricare.mil/tfll to find more information and resources.

Sincerely,

TRICARE Program Office

Note: You received this letter based on information in your DEERS record as of the date printed at the top of this letter. If you made changes in DEERS after this date, information in this letter may no longer apply.

337 - Medicare Part B Reminder Letter (Medicare Part A only)

DOD LOGO

TRICARE LOGO

[Insert Return Address Line 1]

[Insert Address Line 2]

[Insert Address Line 3]

[Insert Address Line 4]

[Insert Letter Date]
[DoD Benefits Number]

[Insert Beneficiary First Name, Middle Initial, Last Name, Cadency]

[Insert Beneficiary Address Line 1]

[Insert Beneficiary Address Line 2]

[Insert Beneficiary City, State, Zip Code, Zip Plus 4]

[Insert Beneficiary Country]

Dear [INSERT BENEFICIARY NAME]:

This is a reminder that most TRICARE beneficiaries **must** have Medicare Part A **and** Medicare Part B to remain TRICARE-eligible once they become eligible for Medicare. You became eligible for Medicare Part A on the first of [INSERT MONTH OF ELIGIBILITY].

While you're entitled to Medicare Part A, our records show you don't have Medicare Part B. This means you're currently not eligible for TRICARE. However, there are exceptions. These exceptions are described in the *TRICARE and Medicare: Turning 65* brochure. The brochure has important information about when and how to sign up for Medicare. The brochure is available at www.tricare.mil/tfl.

The TRICARE website at www.tricare.mil is your first stop for questions about TRICARE. You can find out what services are covered by TRICARE, where the nearest military hospital or clinic is located, and what to do if you or your sponsor loses eligibility.

We want to make your health care coverage transition as simple as possible. If you have questions, please visit www.tricare.mil/tfl to find more information and resources.

Sincerely,

TRICARE Program Office

Note: *You received this letter based on information in your DEERS record as of the date printed at the top of this letter. If you made changes in DEERS after this date, information in this letter may no longer apply.*



**Request for Quote (RFQ)
Defense Manpower Data Center (DMDC)
Enterprise Information Technology Services (EITS) II
Defense Health Agency (DHA) Health Care Initiatives (HCI) Phase III**

GSA Order Number: 47QFMA18K0030-0017 / ID03180056013

Task Type: Firm Fixed Price

Contract Vehicle: EITS II IDIQ

This is a Request for Quote (RFQ) using the EITS II IDIQ contract awarded under the AbilityOne program and the procedures under FAR Part 8.7. The Quoter agrees to and is bound by all instructions, procedures and rules of this RFQ.

RFQ Instructions:

Please submit a quote using Global Connections to Employment's established labor categories and rates under the EITS II IDIQ Contract.

The response to this RFQ shall address the following evaluation criteria.

Evaluation Criteria:

FACTOR 1: Staffing Matrix

The contractor shall provide a staffing matrix in an editable Microsoft Excel file.

The staffing matrix shall include the following:

- i. Show all proposed positions by labor category, skill level, functional role description, and geographic locations for each position;
- ii. Show the required security clearance and 8570 Baseline / Computing Environment certification for each position, if applicable;
- iii. List the estimated number of hours for each task and calculate the total number of hours for each position; and
- iv. Include the hourly rate for each position.

The Government anticipates issuing a Firm Fixed Price type Task Order for a period of performance of 12-months from the date of award. Additionally, Optional Task Items may be exercised at the Government's discretion and will have a period of performance of 12-months from the time they are exercised.

Your quote must be submitted via GSA's IT-Solutions Shop (ITSS) at <http://it-solutions.gsa.gov> by or before the established date and time.

The Government is seeking price discounts under this RFQ.



**Request for Quote (RFQ)
Defense Manpower Data Center (DMDC)
Enterprise Information Technology Services (EITS) II
Defense Health Agency (DHA) Health Care Initiatives (HCI) Phase III**

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The Government anticipates issuing a Firm Fixed Price type Task Order for a period of performance of 12-months from the date of award.

Your quote must be submitted via GSA's IT-Solutions Shop (ITSS) at <http://it-solutions.gsa.gov> by or before the established date and time.

The Government is seeking price discounts under this RFQ.

Questions Due: All questions shall be submitted via email no later than September 2, 2019 at 5:00 PM EST to the following:

Michael Levy: Michael.levy@gsa.gov
Alex Garcia: Alexander.Garcia@gsa.gov